



**MAILING ADDRESS**  
IDAHO REAL ESTATE COMMISSION  
PO BOX 83720  
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**STATE OF IDAHO**  
**REAL ESTATE COMMISSION**

**OFFICE & EXPRESS MAIL ADDRESS**  
633 N 4TH ST, BOISE ID 83702  
TEL: (208) 334-3285; FAX: (208) 334-2050  
TRS: (800) 377-3529  
Toll Free in Idaho (866) 447-5411

**NOTICE OF OPENING A TRUST ACCOUNT**

(A separate form must be used for each real estate trust account opened by a broker.)

*For Commission Use Only*

Date Posted: \_\_\_\_\_

By: \_\_\_\_\_

Idaho Code, 54-2041, requires that all funds belonging to others received by a broker in connection with a real estate transaction be deposited into the broker's real estate trust account established in an approved neutral depository in the state of Idaho. Idaho Code, 54-2042(6), requires that the broker notify the Commission of the opening of each trust account and authorize the Commission to inspect the account. When you establish an account in an Idaho bank, title company, or other approved depository, please complete and return this form to the office of the Idaho Real Estate Commission at the address shown above.

**BROKER INFORMATION**

Broker's Name: \_\_\_\_\_

Business Name and Mailing Address: \_\_\_\_\_

**TRUST ACCOUNT DEPOSITORY INFORMATION**

Name of Bank, Title Company, or Other Trust Account Depository: \_\_\_\_\_

Mailing Address of Depository: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Is this a special interest bearing account? (check one) ☐ yes ☐ no

If yes, transaction # and expected closing date: \_\_\_\_\_

Account Closed: Date \_\_\_\_\_ Signature \_\_\_\_\_

**AGREEMENT & AUTHORIZATION TO INSPECT**

1. The above named approved depository hereby agrees that the above named broker has **complete** control as to deposits and disbursements to this account. Idaho Code—54-2042(2), 54-2042(3), 54-2042(4), and 54-2042(5)
2. This depository agrees to send **monthly** statements to the above named broker with a breakdown of deposits and disbursements since the last statement.
3. The Idaho Real Estate Commission and/or its authorized representative has permission to examine all records pertaining to the above account(s) as they may request.

Authorized by and Agreed to: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Broker)

Authorized by and Agreed to: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature and Title of Official of Depository)